

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:10.....

Date of Meeting:8th January 2021.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Maguinness – Director of Transformation (Commissioning)/Deputy Chief Officer Mike Robinson – Associate Director Integrated Governance & Policy Amanda Weatherstone – Contract Performance & Assurance Manager Victoria Preston – Lead Information Analyst for Planned Care	
PRESENTED BY:	Dr Helen Wall, Clinical Director, Commissioning	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	The report highlights performance against all the key delivery priorities for the CCG in 2020/21 against which NHS Bolton CCG is nationally measured.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	X
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	X
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	Members are requested to note the content of the report and actions being taken, where required, to improve performance.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Performance is reported to: CCG Executive Contract Performance Group Quality and Safety Committee	
REVIEW OF CONFLICTS OF INTEREST:	N/A	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets, such as waiting times, are a priority for patients.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	N/A	



Better Bolton.

Corporate Performance Report

Months 8&9 2020/21

Performance Summary

Elective Care

Routine elective care surgery is still suspended at Bolton FT to maintain safety as a result of the rising pressures across the Urgent Care system and the increase to Level 4 of the COVID-19 agreed escalation status. This action will inevitably impact on elective care performance, however this has been necessary to create capacity for the rising numbers of COVID-19 patients requiring inpatient care. Performance against the 92% standard is still significantly under the national standard at 64.5% in November. This is in line with other GM localities as a direct impact of reduced capacity due to COVID-19. As predicted there has been a further increase in 52 week breaches in month, taking the cumulative total year to date to 1,467. The 6-week diagnostic target remains an ongoing issue, with performance in November 2020 at 41.4%.

Cancer Care

In October, the most significant issue to note is the drop in the 'Percentage achieving maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was **not** initially suspected)' from 74.4% in September to 26% in October. The Bolton FT team have experienced a number of challenges including medical and radiology cover for the 'One Stop Shop' clinics. In October, the percentage achieving a maximum 2 week wait for first outpatient appointment (urgently referred with suspected cancer via GP) continued to improve and exceeded the national targets with performance of 96.5%. In October, there continued to be 100% achievement for the maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers to Bolton CCG patients. In October there was 1 patient who waited 104 days or more from initial referral to the first definitive treatment.

Urgent & Emergency Care

A&E performance has remained below the national target of 95%. Following an October average daily attendance at A&E of 284, November saw a similar daily average attendance of 285 patients. This is a 21.9% reduction in attendances from November 2019. In October the number of NWAS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 261. Performance has deteriorated to 310 in November. Non Elective LoS has increased slightly in November to 4.8 from 4.6 in October, This figure is slightly above the target of <4.61 and is reflective of the impact of Covid.

Mental Health

IAPT prevalence performance decreased slightly in October from the previous reporting period (from 21.9% to 20%) and still remains under the target of 22% by end March 2021. The recovery rate remains just under target at 48.7%. Early Intervention in Psychosis (EIP) exceeded the target in October, as did the Mental Health Liaison Service (MHLS) for the 1 hour target. Acute OAPs have reduced by 1 placement since the last report, and work continues to ensure positive patient flow and repatriation within 72 hours where possible, whilst offering alternatives to admission as appropriate.

Children's & Maternity Care

The percentage of children and young people in Bolton accessing mental health treatment figure for October is slightly below plan at 28.4% and this equates to 140 CYP against a target of 173 for the month. Specific to Bolton CAMHS, there were 2,527 contacts in October 2020 which is an increase in contacts from September 2020. October's CGAS performance (13%) has dropped considerably since September (29%), and YTD (18.6%) still remains significantly lower than the 50% target. Maternity booking performance for women registered with a Bolton GP remains above the 90% target with a YTD position of 91.7%. In November, a total of 22 of the 273 women booked were outside of the 12+6 timeframe giving a performance of 91%. Of those, 5 were deemed a breach based on scan and 17 were categorised as late presenters.



Better Bolton.


Bolton Clinical Commissioning Group

Performance by Commissioning Area: **Elective Care**

Planned Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Patients on an Incomplete pathway % (92% of patients should be less than 18 weeks from referral)	92% (GM 90%)	November	64.5%	57.1%	↑	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	November	26,206	26,206	↑	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	November	41.4%	46.95%	↑	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	November	1,467	1,467	↑	●

Key in month highlights:

Elective care surgery has now ceased temporarily again at Royal Bolton Hospital (as for all Grater Manchester hospital trusts). Elective outpatient activity is continuing and clinically urgent and cancer patients remain prioritised, through the support mechanisms in place through the GM Cancer Alliance and the GMHSCP work. GPs will also continue to refer patients who will be held by providers on waiting lists and managed as per the national PTL (Patient Tracking List) guidance. The re-start of routine elective care is being reviewed daily in line with the COVID-19 Escalation Matrix, it is hoped that at urgent care pressures de escalate, some routine activity will re-start.

Performance against the 92% standard shows a small improvement, with an increase in the month of November 2020 to 64.5%, from 60.6% in October 2020. The main providers contributing to performance for Bolton patients continue to be Bolton FT (61%), MUFT (46%), SRFT (52.8) and the BMI Beaumont (69%).



Better Bolton.

Performance by Commissioning Area: **Elective Care Cont ...**

The CCG waiting list for all providers has increased from 24,462 in October to 26,206 in November, this is expected to grow further in the coming months due the recent action that has been taken along with Winter pressures across the system.

Performance of the 6 week standard for diagnostic waits remains challenged with 41.4% of patients in November not being able to have their diagnostic test within 6 weeks, with 1% being the national tolerance for this.

To ensure the safe operating of diagnostics for both COVID-19 and non-COVID-19 patients, the capacity has needed to reduce, for example the pathways to clean and sterilise equipment and clinic areas following red and green patients.

In October the diagnostics that are particularly challenged are Endoscopy procedures, 787 patients waiting longer than 6 weeks for their Gastroscopy procedure and 431 patients waited longer than 6 weeks for their colonoscopy procedure. The majority of these breaches have occurred at Bolton FT, however as highlighted above the reasons for this are due to reduced capacity. Bolton CCG do have assurance however, that the remaining capacity has been prioritised for Clinically Urgent and Cancer patients, with all cancer patients receiving their endoscopy procedure within the appropriate time on the relevant 2ww pathway.

Endoscopy is a key theme of work that is being lead by the Greater Manchester Health and Social Care Partnership alongside the GM Cancer Alliance, with revised clinical pathways having been developed and implemented consistently across all GM hospital trusts and additional capacity being sourced primarily for Cancer patients.

Other diagnostics that have seen increasing numbers of breaches in M08 Magnetic Resonance imaging (MRI), with an increase from 309 breaches in October to 365 breaches in November. The majority of the MRI breaches are at Salford Royal NHS Foundation Trust (324) as Bolton FT have manage to maintain performance with the support of additional Independent Sector Capacity from the BMI Beaumont.



Better Bolton.

Performance by Commissioning Area: Cancer Care

Cancer Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP	93%	Oct	96.5%	95.9%	↑	●
Percentage achieving maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	Oct	26.0%	78.3%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Oct	99.2%	97.5%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Oct	94.1%	98.2%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Oct	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Oct	100.0%	98.6%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Oct	82.5%	81.7%	↑	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Oct	100.0%	74.2%	↔	●
Percentage achieving maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	No Target	Oct	82.9%	74.2%	↓	●
Any cancer patients waiting 104 days or more from referral to the first definitive treatment should be reviewed to identify any avoidable non-clinical delays	0	Oct	1	1	↑	●



Better Bolton.

Performance by Commissioning Area: Cancer Care

The data reported for the Cancer targets needs to be viewed in the context of variances in 2 week wait Suspected Cancer referrals across all tumour sites and the significant challenges that continue with the COVID-19 outbreak, including changes to pathways, diagnostic approaches, recovery planning and staff sickness and shielding.

By exception, the areas to note are detailed below:

- In October, the most significant issue to note is the drop in the 'Percentage achieving maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was **not** initially suspected)' from 74.4% in September to 26% in October. As this measure is where Cancer is not initially suspected, the focus of the Breast care team has remained on the clinical priority of the 2ww cancer referrals which has led to the Breast Symptomatic referral waits increasing for some patients upto 38 days, although referrals continue to be reviewed and clinically prioritised when they are received by the clinical team. The Bolton FT team have experienced a number of challenges including staff shortages including Covid related, and medical and radiology cover for the 'One Stop Shop' clinics. Available staff continue to cover additional clinics to cope with the increasing demand, also noting the 2ww referrals are higher than the previous year also. Plans for recovery include additional clinics by extending the service to Saturdays also. These challenges of maintaining a breast service are also being experienced across GM due to increased service demand and shortages in radiologists, but with the additional clinic provision being established in Bolton, the local position is hoped to have recovered by March 2021. The service demand continues to be monitored daily by support managers and the Bolton FT Cancer Performance Manager.
- In October, the Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP continued to improve and exceed national targets at 96.5% of patients seen within 2 weeks of first referral
- A slight improvement, but mainly consistent with the previous month, in October 82.5% of patients achieved the 62 day wait from urgent GP referral to first definitive treatment for Cancer. These patients are reviewed consistently by operational and clinical leads at Bolton FT to ensure that any non-clinical delays are avoided and that there is clinical prioritisation of all patients
- In October, there continued to be 100% achievement for Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers to Bolton CCG patients
- In October there was 1 patients (reported in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment. These patients are consistently reviewed both clinically and operationally to ensure that there are no avoidable non-clinical delays. This cohort is reported locally and at a GM level and Bolton continues to have the lowest number of patients across GM on this monitored list. Full clinical harm reviews are completed for these patients by the Cancer Clinical Lead at Bolton FT and no harm was identified.



Better Bolton.

Performance by Commissioning Area: Urgent and Emergency Care

Urgent Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	Nov	72.50%	83.20%	↓	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	No target	Nov	310	1401	↓	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	less than 40 per month (Local target)	Nov	190	504	↓	●
Non Elective Length of Stay	<4.61	Nov	4.80	4.57	↓	●

Key in month highlights:

- A&E performance has remained below the agreed trajectory of 95%. Performance during November was 72.5% a decrease on October's figure of 75.8%. The impact of COVID-19 is affecting flow out of the A&E department and the need to segregate patients safely is a challenge. Ongoing discussions through the Urgent and Emergency Care Board and regular system meetings are supporting the flow where possible, to ensure patient safety is paramount.
- Following an October average daily attendance at A&E of 284, November saw a similar daily average attendance of 285 patients. This is a reduction in attendances from November 2019 showing a 21.9% decrease. Attendances are being monitored closely and a number of actions and public messages are taking place to ensure that only people who need A&E attend A&E such as 111 First.
- In October the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 261. Performance has decreased to 310 in November. There were 190 over 60 minute handovers in November following 139 in October which is 150 above the agreed target of below 40 per month. There have been further reports of delays throughout December and the system are working together to help understand the issues and agree actions for improvement between Bolton FT and NWS, several recommendations from NWS following a Northwest review are now under consideration.
- Non Elective LoS has increased slightly in November to 4.8 from 4.6 in October, This figure is slightly above the target of <4.61.



Better Bolton.

Performance by Commissioning Area: **Urgent and Emergency Care**

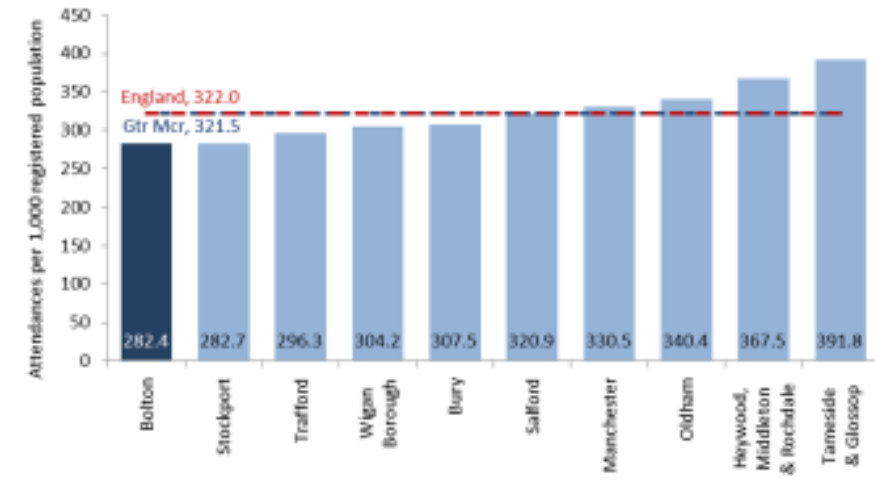
A&E Attendances & Emergency Admission Analysis

- The following slide includes a snapshot of data from December 2019 to November 2020 detailing the number of A&E Attendances and Emergency Admissions per 1,000 population in Bolton compared to rates throughout Greater Manchester and England. Also included is data on Attendances and Emergency Admissions in the 65+ age group compared to all Greater Manchester localities.
- Bolton has the lowest number of A&E attendances per 1,000 population in Greater Manchester (282.4) followed by Stockport (282.7). The Greater Manchester average is 321.5 and England average 322.0.
- A&E attendances per 1,000 population in the 65+ age group are higher throughout all areas. Bolton again has the lowest figure in Greater Manchester with a figure of 374.8 compared to the GM average of 442.0.
- Bolton's Emergency Admission figure is 84.5 per 1,000 compared to the Greater Manchester average of 96.2 and England average of 92.3.
- Emergency Admissions per 1,000 in the 65+ age group are 210.6 in Bolton, which is the lowest in Greater Manchester. The Greater Manchester average is 248.0 per 1,000 population.

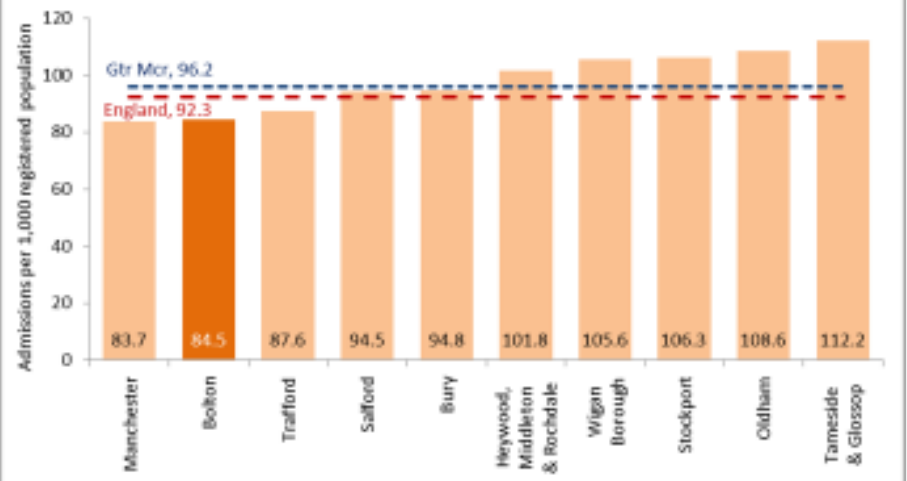


Performance by Commissioning Area: Urgent and Emergency Care

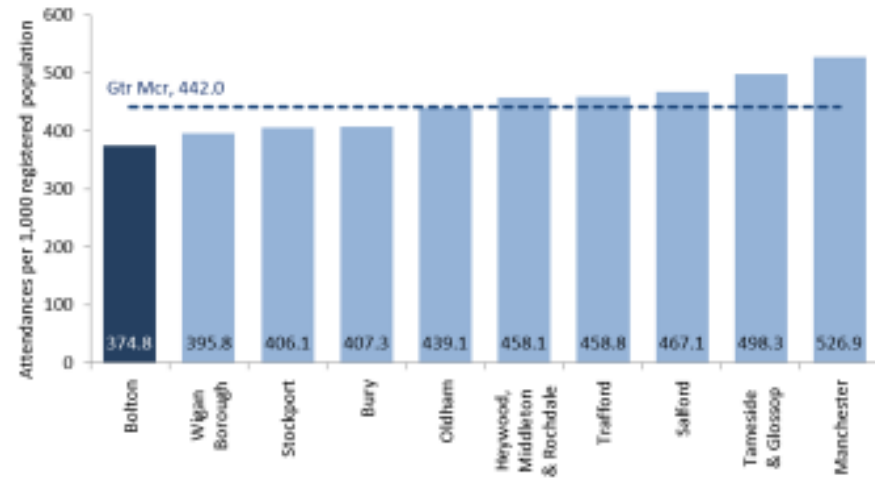
A&E attendances per 1,000 registered population
Dec 2019 - Nov 2020



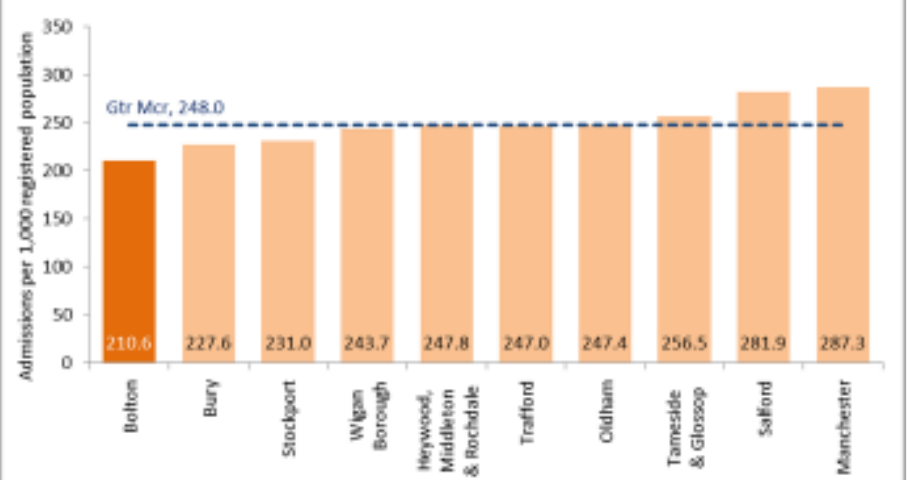
Emergency admissions per 1,000 registered population
Dec 2019 - Nov 2020



A&E attendances (Age 65+) per 1,000 registered population
Dec 2019 - Nov 2020



Emergency admissions (Age 65+) per 1,000 registered population
Dec 2019 - Nov 2020



Better Bolton.

Performance by Commissioning Area: **Mental Health**

Mental Health Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Improving Access to Psychological Therapies (IAPT) Access rate - (Prime Provider model)	Currently 22.5% increasing to 25% by March 2021 (National - local 22%)	Oct	20.0%	16.3%	↓	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Oct	48.7%	47.8%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Oct	92.8%	91.5%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Oct	100.0%	99.9%	↔	●
% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Oct	77.8%	75.1%	↑	●
Mental Health Liaison Service -percentage of AE Emergency referrals assessed within 1hr	75.0%	Oct	82.4%	82.1%	↑	●
Number of new reportable Out of Area placements	0	Oct	4	26	↓	●
Number of new non-reportable Out of Area placements	NA	Oct	1	13	↓	●



Performance by Commissioning Area: **Mental Health**

Key in Month highlights:

- IAPT - Prevalence has decreased against September's performance of 21.9% to 20% in October. This still remains just under the planned year end target of 22% as agreed in the recent Mental Health Investment Standard meetings. Referral numbers are gradually improving and are now within the normal range expected (albeit not as high in numbers as previously). Virtual and telephone appointments are being taken up more readily than at the start of the lock down period. Face to face therapy remains unavailable at present but the prime provider and voluntary sector partners continue to work together on the relevant safety measures for this to become possible once national and local restrictions are lifted. Performance around recovery remains under the national target of 50% in Oct at 48.7%.
- The 6 week referral to treatment target was achieved in month at 92.8% against the 75% required, and 18 weeks hit 100%.
- EIP – Performance was green with 77.8% of referrals receiving NICE approved treatment within 2 weeks (against a target of 56%).
- Mental Health Liaison Service –there has been an increase from the previous month, and the team continue to exceed the target of 75% of patients being assessed within 1 hour, with performance of 82.4 % in October despite ongoing pressures in A&E and a significant number of children and young person's referrals. The Ambulatory Care Unit continues to support the transfer of mental health patients out of A&E in a timely manner and permanent accommodation has now been secured within the GMMH estate close to HBT.
- In October there were 5 new OAPs in total, 4 of whom were reportable and 1 non reportable (in a GM contracted bed). There also remained 2 patients placed from the previous month. Work continues across health, social care and housing partners to expedite discharges, and maximise opportunities for admission avoidance. Significant numbers of patients previously unknown to services continue to present at A&E contributing to current pressures on mental health beds. Work continues around non clinical crisis alternatives to support population emotional wellbeing needs.



Performance by Commissioning Area: Children's and Maternity

Children's & Maternity Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
% Completed maternity bookings by 12+6 weeks (Bolton CCG at Bolton FT)	90%	Oct	91.00%	90.70%	↑	●
CAMHS % of young people accessing treatment	35%	Oct	28.40%	28.40%	↓	●
CAMHS % of young people 10 point improvement on Children's Global Assessment Scale (CGAS)	50%	Oct	13.00%	18.60%	↓	●



Better Bolton.

Performance by Commissioning Area: Children's and Maternity (1)

Key in month highlights:

CYP Mental Health Access - *The CYP Mental Health Access Target is a nationally published performance measure whereby access to treatment is defined by 2 or more meaningful contacts whereby mental health interventions/support is provided. Performance is not based solely on CAMHS but also wider service provision such as Kooth, All Age Mental Health Liaison, Rapid Response Teams and the GM Mentally Health Schools Programme.*

- The percentage of children and young people in Bolton accessing mental health treatment is a 12 month performance indicator and Bolton are currently above plan by 130 CYP with a 2020/21 forecast of 38% against the 35% national target. The figure for October is slightly below plan at 28.4% and this equates to 140 CYP against a target of 173 for the month.
- The indicator is only reflective of NHS-funded services who are currently submitting data to the Mental Health Services Data Set (MHSDS). There is therefore the assumption that Bolton's CYP Access rate will be significantly higher once additional voluntary sector services are able to stream their data. Mapping of current challenges has been received from Bolton Together which will form the basis of a multi-agency workshop with NHS Digital; supported by the GM Team.
- Specific to Bolton CAMHS, there were 2,527 contacts in October 2020 which is an increase in contacts from September 2020; the highest number since April 2020. Weekly referrals are also increasing and are now back to pre-COVID-19 rates.
- Significant work has taken place to expand access to mental health provision in Bolton. Bolton's Thrive Alliance has refined the VCSE offer for 11 – 18 years in line with receiving addition Big Lottery Funding. The Proud Trust have become part of Bolton's Thrive Alliance and have started to provide LGBTQ+ training to the CYP Workforce in addition to 1:1 support to young people. Between 1st April and 30th September 2020, a total of 609 individual young people were supported through Bolton's Thrive Alliance.

CGAS (Child Global Assessment Score)

- October's CGAS performance (13%) has dropped considerably since September (29%), and YTD (18.6%) still remains significantly lower than the 50% target. COVID-19 has had and is continuing to have in impact on this measurement as it requires two assessments to be completed within a short time period to enable the 10 point improvement to be noted. A reduction in face to face appointments and an increase to DNAs for telephone appointments is impacting on these assessments taking place. It is also acknowledged that even if the two assessments took place within the required timeframe, performance against this target is only captured if there is a 10 point improvement.
- Completion of CGAS measures are continually discussed with CAMHS practitioners across the service via the senior service leads. Ongoing learning and an initiative to address the completion of outcomes measures are being discussed with managers and lead clinicians in Bolton CAMHS to make improvements in the completion of this care requirement. Due to COVID-19 restrictions there has been an impact in the ability to meaningfully complete outcomes measure as required and alternative ways to ensure compliance are being considered so that there is a service reliance in place for future compliance.



Better Bolton.

Performance by Commissioning Area: Children's and Maternity (2)

Key in month highlights:

12+6

- Maternity booking performance for women registered with a Bolton GP remains above the 90% target with a YTD position of 91.7%. Performance has remained relatively stable and on track despite the impact COVID-19 has had on booking appointment DNAs due to shielding and anxieties of attending healthcare settings. DNA rates have increased slightly from October (9.2%) to November (9.6%), however, this is a significant improvement from the start of the year where 14% of women DNA in April.
- In November, a total of 22 of the 273 women booked were outside of the 12+6 timeframe giving a performance of 91.9%. Of those, 5 were deemed a breach based on scan and 17 were categorised as late presenters.
- Bolton's outpatient matron continues to hold fortnightly meetings with team leaders and ward managers to address the 12+6 performance and the appointment of a lead BAME midwife has led to a significant amount of work taking place across Bolton communities. This has also been supported by Bolton MVP who are having a significant presence across Bolton through COVID-19. Work is also being picked up across the 10 localities to establish a GM MVP approach.



Better Bolton.

Quality and Safety Targets and Standards

The MSA reporting has been suspended nationally due to COVID-19 but the FT continue to report and perform significantly better than last year with only one reported case in November.

CDiff cases are below trajectory for this year. Again there are no targets for 20/21 but the FT have set an internal target in line with last year's figure.

Falls have shown a reduction in spite of the COVID-19 2nd wave and the FT are now below the national benchmark of 6.6 falls/1000 bed days.

Quality and Safety	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Zero tolerance mixed sex accommodation (MSA) breaches (Bolton FT)	0	Nov	1	28	↑	●
CDIFF-Post 48 hrs (Hospital)	32	Nov	2	23	↓	●
MRSA-Post 48 hrs (Hospital)	0	Nov	0	2	↔	●
Serious Incidents	0	Nov	1	9	↑	●
Never Events	0	Nov	0	0	↔	●
Medication Incidents at Bolton FT	<100	Nov	137	976	↑	●